

Request for Modification/Amendment to Classified Wage Schedule

This form should be completed by any employee requesting a change, modification, or amendment to any current job description/classification. A copy of the affected job description and this form should be submitted to the Assistant Superintendent for Human Resources. Requests must be received by December 15th to be considered for the following school year (July 1st).

Employee Name:

Job Title:

Direct Supervisor :

Date:

Modification Requested:

Reason for request (provide rationale; include as much detail as possible):

HUMAN RESOURCES OFFICE USE ONLY

- Request reviewed – No action taken (see attached explanation)
- Request reviewed – Additional committee work required.
- Request reviewed – Job description modified as submitted.
- Request reviewed - Referred to Meet and Confer team for consideration.

Signature of Assistant Superintendent, Human Resources

Date